

205.617 Expansion of Medicaid coverage for screening and treatment of breast or cervical cancer or precancerous conditions -- Short title.

- (1) The Department for Medicaid Services shall expand Medicaid coverage to offer benefits to uninsured women who:
 - (a) Are under age sixty-five (65);
 - (b) Are not otherwise eligible for Medicaid;
 - (c) Have been screened for breast or cervical cancer or precancerous conditions, or any combination of these conditions, through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program or through the Department for Public Health's Women's Cancer Screening Program;
 - (d) Are in need of treatment for breast or cervical cancer or precancerous conditions, or any combination of these conditions, as a result of a diagnosis of those conditions in a program identified in paragraph (c) of this subsection;
 - (e) Are not otherwise covered under creditable coverage, as defined in 42 U.S.C. sec. 300gg(c); and
 - (f) Meet any other eligibility-required criteria established under the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000.
- (2) No later than three (3) months after April 10, 2008, the department shall submit to the secretary of the United States Department for Health and Human Services a request for approval of a plan amendment to extend coverage as authorized under subsection (1) of this section.
- (3) Within three (3) months following receipt of federal approval of a plan amendment, the department shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement the requirements of this section. If federal approval has not been received within six (6) months after April 10, 2008, for the plan amendment, the department shall report the status of the request for approval and the steps being taken by the department to secure federal approval.
- (4) Medical assistance provided under the plan amendment shall be limited to medical assistance provided during the period in which a woman who meets the requirements of subsection (1) of this section requires treatment for breast or cervical cancer or precancerous conditions, or any combination of these conditions. In the case of any covered woman whose medical assistance has been terminated due to a cure or remission of a condition diagnosed under subsection (1)(c) of this section, medical assistance shall be reinstituted for any subsequent periods of recurrence or metastasis or any future conditions establishing eligibility under subsection (1) of this section.
- (5) This section shall be known as the Kentucky Breast and Cervical Cancer Treatment Act of 2008.

Effective: April 10, 2008

History: Created 2008 Ky. Acts ch. 63, sec. 1, effective April 10, 2008.